

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10663471**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21	1					
22		1				
23		1				
24		1				
25		1				
26		3				
27						
28						
29						
30		1				
31	1					
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43		2				
44		2				
45		1				
46						
47		1				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57	1					
58	1					
59	1					
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		3				
67		3				
68		3				
69		3				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.		42				
TOTAL CLAIMS	51					